

APPOINTMENTS QUESTIONNAIRE
OFFICE OF THE SENATE MAJORITY LEADER
P.O. BOX 30036
LANSING, MICHIGAN 48909-7535
TELEPHONE: (517) 373-0797

Position for which you are nominated: _____

Full Name (please include middle name): _____

Home Address: _____

City/State/Zip

County

Business Address: _____

City/State/Zip

County

Current Position: _____

Home Telephone: _____ Business Telephone: _____

Cell phone: _____ (optional)

Fax No: _____ Driver License No: _____

Date of Birth: _____ Social Security No: _____

MI Resident?: _____ Registered Voter?: _____ U.S. Citizen?: _____

Spouse's Name: _____ E-Mail Address: _____

Education: _____

Employment Experience: _____

Do you hold any professional licenses? If so, please include numbers: _____

Previous government appointments: _____

Please provide us with the names of your:

Member of Congress: _____ State Senator: _____

State Representative: _____

For the following questions, all yes answers require detailed responses. Use a separate sheet if necessary:

1. Military Service. List rank, date, and type of discharge from active service: _____

2. Discharge. Were you discharged from military service under honorable conditions? (If your discharge was changed to honorable or general by a Discharge Review Board, answer yes. If you received a clemency discharge, answer no.)

3. Are you a member of the Reserves or National Guard? No _____ Yes _____

4. Government Experience. List on a separate sheet any experience in, or association with, local, state, or federal government (exclusive of elective public office but including advisory, consultative, honorary, or other part-time service or positions), with dates of service.

5. Elective Public Office. List on a separate sheet all elective public offices sought and held with dates of service.

6. Honors and Awards. List on a separate sheet all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognitions for outstanding service or achievements.

7. Organization Affiliations. List on a separate sheet all local, state, and national civic, cultural, educational, charitable, or work-related organizations you have been associated with in the past ten years. Include any position held in the organization and the dates of service.

8. Organization Restrictions. To your knowledge, is any organization listed above restricted on the basis of race, color, religion, sex, national origin, handicap, marital status, height, weight, arrests, or veteran status? If yes, please describe. No: _____ Yes: _____

9. Issues. Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue or have you ever submitted written views to any governmental authority, whether executive or legislative, or to the news media on any particular controversial issue other than in an official governmental capacity? If yes, please describe.
No: _____ Yes: _____

10. Miscellaneous. List on a separate sheet any factors, other than the information provided above, which particularly qualify you or are relevant to the position to which you have been appointed. Include any special skills.

CONFLICTS OF INTEREST: (For the following questions, all yes answers require detailed responses. Use a separate sheet if necessary)

11. Relationship to Governmental Employees. Are you or your spouse or other close family members related to any state governmental official or employee? If yes, please provide details.
No: _____ Yes: _____

12. Compensation. During the past five years have you or your spouse or other close family members received any compensation or been involved in any financial transaction with the State of Michigan? If yes, please explain. No: _____ Yes: _____

13. Business Relationships. Describe on a separate sheet any business relationship, dealing or financial transaction which you have had during the last five years, whether for yourself, on behalf of a client, or acting as an agent, which you believe may constitute an appearance of impropriety or resulting in a potential conflict of interest in the position to which you have been appointed. If none, please so state.

14. Transactions with Officials. During the past five years, have you or your spouse or other close family members received any compensation or been involved in any financial transaction with any state government official? If yes, please explain. No: _____ Yes: _____

15. Spouse or Other Close Family Members. If the nature of employment for your spouse or other close family member is related in any way to the position to which you have been appointed, please indicate the employer, the position, and the length of time it has been held. If it is not, please so state.

16. Lobbying Activities. Describe briefly on a separate sheet any lobbying activity during the past ten years in which you have engaged for the purpose of influencing the passage, defeat, or modification of any legislative or administrative action. Describe briefly any lobbying activity during the last ten years in which your spouse has engaged for the purpose of influencing the passage, defeat, or modification of any legislative or administrative action which is related in any way to the position to which you have been appointed. (Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization which involves direct communication with an official in the executive branch of state government, or an official of the legislative branch.)

17. Regulated Activities. Describe on a separate sheet any interest which you, your spouse, or other close family member may have (whether as an officer, owner, director, trustee, or partner) in any corporation, firm, partnership, or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the State of Michigan. If none, please so state.

18. Other. Please describe on a separate sheet any other matter in which you are involved which is or may be incompatible or in conflict with the discharge of the duties of the position to which you have been appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If there is no matter, please so state.

ETHICAL MATTERS: (For the following questions, all yes answers require detailed responses. Use a separate sheet if necessary)

19. Citations. Have you, as an individual or in a representative capacity, ever been cited for a breach of ethics for unprofessional conduct by any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please provide details. No: ____ Yes: ____

20. Complaints. Have you, as an individual or in a representative capacity, ever been named in a complaint to any court (i.e. a lawsuit), administrative agency, professional association, disciplinary committee, or other professional group? If yes, please provide details. No: ____ Yes: ____

21. Convictions. Have you ever been convicted of or entered a plea of guilty or nolo contendere? (Minor traffic offenses do not include the Michigan offenses of operating under the influence of liquor, operating while impaired, reckless driving, or the equivalent offenses in other states.) If yes, please explain. No: _____ Yes: _____

22. Current Charges. Are you now under charges for any violation of law? If yes, please provide details. No: _____ Yes: _____

23. U.S. Military Convictions. Have you ever been convicted by any military court? If yes, please provide details. No: _____ Yes: _____

24. Imprisonment. Have you ever been imprisoned, been on probation, or been on parole? If yes, please provide details. No: _____ Yes: _____

25. Agency Proceedings: Civil Litigation. Are you presently, or have you ever been a party in interest, or have your actions ever been the subject of, any administrative agency proceeding or civil litigation which is related in any way to the position to which you have been appointed? If yes, please provide details. No: ____ Yes: _____

26. Agency Proceedings and Civil Litigation of Affiliates and Family. Has any business in which you, your spouse, close family member or business associate are or were an officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you have been appointed? If yes, please provide details. (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member of business associate were an officer of that business.) No: _____ Yes: _____

27. Security Clearance Denial. Have you ever been denied a military or other governmental clearance? If yes, please explain. No: _____ Yes: _____

28. Alimony and Child Support. If you are divorced or separated, are you now, or have you ever been delinquent in the payment of alimony or child support? If yes, please provide details. No: _____ Yes: _____

29. Treatments for Alcohol/Drug Dependency. Are you currently being treated for alcohol or drug dependency or other substance abuse problems which may prevent you from performing the duties of the position? If yes, please describe. No: _____ Yes: _____

30. Mental Illness. Are you currently being treated for mental illness or other psychiatric conditions which may prevent you from performing the duties of the position? If yes, please describe. No: _____ Yes: _____

31. Are you required to use any form of medication which might affect your performance or your ability to perform the duties of this position? If yes, please describe. No: _____ Yes: _____

32. Delinquencies. Are you delinquent on any federal, state or local debt? (Include delinquencies for income, property, or other taxes, governmental loans, overpayment of benefits, required payments into or under governmental programs, and other debts or required payments to the government plus any defaults on or under loans which are or were guaranteed, insured, or subsidized by any unit of government.) If yes, please provide details on a separate sheet of paper. No: _____ Yes: _____

33. *The following question is **optional**. (This information is being requested because certain boards and commissions have statutory provisions that require a specific partisan composition or balance in their membership.)* What is your political affiliation? _____

34. Other. Please provide any additional information, favorable or unfavorable which you feel should be considered in connection with your appointment.

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CONSENT AND CERTIFICATION

I consent to the release of information concerning my ability and fitness for the position to which I seek to be appointed by my employer(s), schools, law enforcement agencies, and other individuals and organizations, subject to any restrictions which I have included, to the following divisions in the Senate Majority Leaders Office: Senate Majority Leader, Senate Majority Leader's Chief of Staff and Deputy Chiefs of Staff, Senate Majority Leader's Special Counsel, and Senate Majority Counsel.

I, _____ (please print name), certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

Signature _____ Dated _____

Please attach a copy of your resume.